

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1		/					51		/		
2		/					52		/		
3		/					53		/		
4		/					54		/		
5		/					55		/		
6		/					56		/		
7		/					57				
8		/					58				
9		/					59				
10		/					60				
11		/					61				
12		/					62				
13		/					63				
14		/					64				
15		/					65				
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17		/					67				
18		/					68				
19		/					69				
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26		/					76				
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34		/					84				
35		/					85				
36		/					86				
37		/					87				
38		/					88				
39		/					89				
40	/						90				
41		/					91				
42		/					92				
43		/					93				
44		/					94				
45		/					95				
46		/					96				
47		/					97				
48		/					98				
49		/					99				
50		/					100				
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓		↓	
TOTAL DEP.	←		←		←		TOTAL DEP.	←		←	
TOTAL CLAIMS							TOTAL CLAIMS	15		16	